

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/04/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155383		(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 04/08/2011	
NAME OF PROVIDER OR SUPPLIER WASHINGTON HEALTH CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 8201 W WASHINGTON ST INDIANAPOLIS, IN46231			
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F0000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: April 3, 4, 5, 6, 7 & 8, 2011</p> <p>Facility number: 000393 Provider number: 155383 AIM number: 100289340</p> <p>Survey team: Marcy Smith RN TC Diane Dierks RN (April 3, 4, 5, 6 & 7, 2011) Leia Alley RN Patti Allen RN (April 3, 4, 5, 6 & 7, 2011)</p> <p>Census bed type: SNF/NF: 84 Total: 84</p> <p>Census payor type: Medicare: 14 Medicaid: 55 Other: 15 Total: 84</p> <p>Sample: 17 Supplemental sample: 2</p> <p>These deficiencies also reflect state findings in accordance with 410 IAC 16.2.</p>			F0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F0253 SS=E	<p>Quality review 4/14/11 by Suzanne Williams, RN</p> <p>The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. Based on observation and interview, the facility failed to ensure housekeeping and maintenance services were provided to maintain a clean and sanitary environment and to ensure furniture was in good repair. This actually affected 8 of 25 residents residing in the rooms observed (Rooms 211, 303, 301, 309, 319,) and potentially affected 41 residents who utilized the East Central Shower.</p> <p>Findings include:</p> <p>During the "General Observation" tour conducted with the Maintenance Supervisor and Housekeeping/Laundry supervisor, on 4-4-11 beginning at 8:40 a.m., the following was observed:</p> <p>1) In resident room number 211 over bed table veneer was cracked and scratched. The base was marred and discolored. This over bed table was used by one resident in this room.</p> <p>2) In resident room number 303 door bed, over bed table veneer was cracked and missing. The base was marred and</p>			F0253	<p>What corrective action(s) will be accomplished for those Residents found to have been affected by the deficient practice? All over bed tables were inspected on 4/7/11 and will be reinspected by 4/27/11 to ensure no further concerns related to cleanliness, scratches or cracks in veneer, or bases discolored or marred. Rooms 301 and 303 were deep cleaned and organized by staff and Resident in room with permission from the Residents. Rooms 301 and 303 are being cleaned daily by housekeeping staff to include dusting, sweeping, mopping, cleaning of all surfaces. Shower rooms are cleaned twice daily by housekeeping staff. Nursing staff received inservice education regarding infection control and appropriate cleaning of shower rooms following each Resident shower on 4/13, 4/17, and 4/19. Housekeeping and Maintenance staff will be re-educated on 4/27/11 by Housekeeping Supervisor and Director of Housekeeping Services during inservice regarding housekeeping and maintenance services providing and maintaining a clean and sanitary environment, and to ensure furniture in good repair.</p>		04/29/2011

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	<p>discolored. At the window bed, there was a narrow path that lead into a narrow circle path to the resident's bed. The floor was covered with papers, books, totes, and boxes. The chair, window sill, and over bed table were covered with the same type of items. There was an accumulation of dirt and dust on these items throughout that side of the room. There were 2 residents that share this room.</p> <p>3) In resident room number 301 door bed, lap buddy was soiled with multiple color and size stains. The over bed table veneer was cracked and missing. The base was marred and discolored. At the window bed, there was a narrow path that lead to the resident's bed. The floor was covered with books, baskets, and boxes. The chair, window sill, and over bed table were covered with the same type of items. There was an accumulation of dirt and dust on these items throughout that side of the room. There were 2 residents that share this room.</p> <p>During interview on 4-4-11 at 9:40 a.m., with Housekeeping Supervisor who indicated the staff was unable to clean the rooms 301, 303 properly because residents would not allow staff to move the items.</p>				<p>The inservice will include but not limited to maintenance and repair of overbed tables, maintenance and repair of walls, cleanliness of Resident rooms, and shower rooms, Resident personal items and devices such as lap buddies, and infection control. Social Services will also inservice housekeeping and maintenance staff on 4/27/11 regarding Resident behavior referrals and Resident preferences in relation to cleaning times of room. How will you identify other Residents having the potential to be affected by the same deficient practice? All Residents have the potential to be affected by this alleged deficient practice. What measures will be put into place or what systematic changes you will make to ensure that the deficient practice does not recur? Housekeeping and Maintenance staff will be re-educated on 4/27/11 by Housekeeping Supervisor and Director of Housekeeping during inservice regarding housekeeping and maintenance services providing and maintaining a clean and sanitary environment, and to ensure furniture in good repair. The inservice will include but not limited to maintenance and repair of overbed tables, maintenance and repair of walls, cleanliness of Resident rooms, and shower rooms, Resident personal items and devices such as lap buddies, and infection control.</p>		

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	<p>4) In resident room number 309 door bed, the fan had a heavy accumulation of dirt and dust on the cover guards and blades. By the window bed, there were 3 gouged areas in the drywall above wall protector, 1" by 1/2", 2" by 1/2" and 1/2" by 1". There were 2 residents that share this room.</p> <p>5) In resident room number 319, two over bed tables veneer was cracked, scratched and missing. The bases were marred and discolored. The over bed tables were used by both residents in this room. There were 2 residents that share this room.</p> <p>6) In the East Hall Central Shower Room, walls were soiled throughout the shower room in multiply color and size. There were grayish/black fingerprints on the walls and door, 2 of 2 shower stalls had trash and discarded gloves on the drains, and there was formed, dried feces on the floor of 1 of 2 shower stalls. This shower room was used for 41 residents who lived on East nursing units.</p> <p>During interview on 4-4-11 at 10:00 a.m., LPN # 8 indicated the shower stalls were soiled, and that it was formed, dried feces on 1 of 2 shower stall floors. She was unaware how long the shower room had been soiled and with the dried feces.</p>				<p>Social Services will also inservice housekeeping and maintenance staff on 4/27/11 regarding Resident behavior referrals and Resident preferences in relation to cleaning times of room. A follow-up inservice and return demonstration will be done for housekeeping and maintenance staff by Housekeeping Supervisor and Director of Housekeeping by 5/31/11. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place? Along with increased supervision by Housekeeping Supervisor, Room 301 and 303 will have quality control inspections completed by Housekeeping or Maintenance Supervisor twice weekly x 4 weeks, then 2x monthly thereafter using Quality Control Inspection tool. All rooms in facility will have quality of control inspections completed no less than once monthly by Housekeeping or Maintenance Supervisor using Quality Control Inspection tool which includes but not limited to condition of walls, window sills, and furniture. One-on-one re-education and/or disciplinary action may occur for non-compliance.</p>		

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F0272	3.1-19(f) The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity. A facility must make a comprehensive assessment of a resident's needs, using the RAI specified by the State. The assessment must include at least the following: Identification and demographic information; Customary routine; Cognitive patterns; Communication; Vision; Mood and behavior patterns; Psychosocial well-being; Physical functioning and structural problems; Continence; Disease diagnosis and health conditions; Dental and nutritional status; Skin conditions; Activity pursuit; Medications; Special treatments and procedures; Discharge potential; Documentation of summary information regarding the additional assessment performed through the resident assessment protocols; and Documentation of participation in assessment.						
SS=D	Based on observation, interview and record review the facility failed to ensure the feet were properly assessed, which resulted in open foot wounds for 2 of 6 residents reviewed for foot care in a sample of 17. (Residents # 6, # 63)			F0272	What corrective action(s) will be accomplished for those Residents found to have been affected by the deficient practice? Licensed nurses will be re-educated in inservice by Director of Nursing Services on 4/26/11 on facility policy for skin management. Licensed nurses perform weekly		04/29/2011

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	<p>Findings included:</p> <p>A facility policy, dated 3/10, titled "Skin Management Program," provided by the Executive Director on 4/5/11 at 8:40 a.m., included, but was not limited to, the following:</p> <p>"...It is the policy of (name of facility) to assess each resident to determine the risk of potential skin integrity impairment, upon admission, quarterly, annually, and with significant change. Residents will have a skin assessment completed no less than weekly by the licensed nurse in an effort to assess overall skin condition, skin integrity, and skin impairment...All alterations in skin integrity will be documented in one of two skin evaluation reports depending on what type of wound - either pressure wound (white) or other wound (lavender)...Pressure reduction devices are to be put in place immediately...The licensed nurse will notify the wound nurse of any alterations in skin integrity...The facility assigned wound nurse will complete a further evaluation of the wounds identified...The care plan will be initiated to include specific alteration in skin integrity...Weekly skin assessments will be completed on all residents with or without alterations in skin integrity and documented on the weekly skin</p>				<p>skin assessments on all Residents with or without alterations in skin integrity. CNAs will be re-educated in inservice by Director of Nursing on 4/26/11 on facility policy for skin management. Any skin alterations, including bruises, open areas, redness, skin tears, blisters and rashes during daily care and/or shower days will be reported to the licensed nurse for assessment. Shower reports will be signed daily by the CNA performing care and the licensed nurse. Director of Nursing Services will oversee proper utilization of shower reports. How will you identify other Residents having the potential to be affected by the same deficient practice? All Residents have the potential to be affected by this alleged deficient practice. What measures will be put into place or what systematic changes you will make to ensure that the deficient practice does not recur? Licensed nurses will be re-educated in inservice by Director of Nursing Services on 4/26/11 on facility policy for skin management. Licensed nurses will perform weekly skin assessments on all Residents with or without alterations in skin integrity. CNAs will be re-educated in inservice by Director of Nursing on 4/26/11 on facility policy for skin management. Any skin alterations, including bruises, open areas, redness, skin tears,</p>		

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	<p>assessment form and/or nursing notes..Any skin alterations noted by direct care givers during daily care and/or shower days must be reported to the licensed nurse for further assessment, to include bruises, open areas, redness, skin tears, blisters, and rashes...The licensed nurse is responsible for assessing any and all skin alterations as reported by the direct caregivers on the shift reported...The IDT (interdisciplinary team) will do rounds on a weekly basis to assess all wounds following the guidelines in the wound meeting guidelines...The facility must have an assigned wound nurse that assesses the wounds on a weekly basis.</p> <p>1. The record review for Resident # 6 was reviewed on 4/4/11 at 4:00 p.m.</p> <p>Diagnoses for Resident # 6 included, but were not limited to, dementia-uncomplicated, hypertension, atrial fibrillation, intracranial hemorrhage, aphasia, hyperlipidemia, uremia, severe dehydration, pneumonia, anemia, depression, cerebrovascular accident, debility-failure to thrive, malnutrition, dysarthria and thrombocytopenia.</p> <p>A quarterly Minimum Data Set (MDS) assessment, with an assessment reference date of 3/8/11, provided by the MDS</p>				<p>blisters and rashes during daily care and/or shower days will be reported to the licensed nurse for assessment. Shower reports will be signed daily by the CNA performing care and the licensed nurse. Director of Nursing Services will oversee proper utilization of shower reports. Wound nurse or designee will do rounds weekly to assess all wounds. Wound nurse or Director of Nursing Services will review all shower reports weekly to determine appropriate skin assessment by licensed nurse.How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place?A skin management program CQI tool will be utilized weekly x 4 weeks, then monthly thereafter to ensure compliance. The CQI committee will review the data. If threshold is not achieved an action plan will be developed, one-on-one re-education and/or disciplinary action may occur for noncompliance.</p>		

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	<p>Coordinator on 4/7/11 at 10:44 a.m., indicated the resident was at risk of developing pressure ulcers, but had no unhealed pressure ulcers.</p> <p>A health care plan problem, dated 12/23/10, indicated Resident # 6 was at risk for skin breakdown or further skin breakdown due to: poor mobility, incontinence of bowel and bladder, anemia, slides down in bed/chair, impaired cognition and diagnosis of malnutrition. Approaches for this problem, included, but were not limited to, "...turn and reposition every two hours, assess and document skin condition weekly and as needed, notify MD (medical doctor) of abnormal findings, pressure redistribution mattress on bed, pressure redistribution cushion in wheelchair, and float heels while in bed..."</p> <p>A health care problem, dated 3/14/2011, indicated Resident #6 had impaired skin integrity: Pressure ulcer on left foot (affected foot is right foot according to observation and record review), related to poor mobility, incontinence of bowel and bladder, anemia, impaired cognition and diagnosis of malnutrition. Approaches for this problem, included, but were not limited to, "...treatment as ordered, pressure redistribution mattress in bed,</p>						

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	<p>pressure redistribution cushion in chair, observe for signs of infection...., assess for pain...., notify MD of worsening or no change in wound or signs of infection, encourage resident to eat at least 75% of meals...."</p> <p>Facility documents, titled "Shower Reports", indicated the resident had no new skin areas for the dates of 3/2, 3/5, 3/9, and 3/12/2011. The shower reports also included a body mapping diagram which outlined the front, back, sides of the body and the feet. The body mapping diagrams for the dates of 3/2, 3/5, 3/9, and 3/12/2011, had no areas marked that indicated skin issues. The shower report for the date of 3/16/11, indicated, "No new skin issues. Problems with her toes." The feet outline on the body mapping diagram was marked with an "X" on each foot to indicate skin issues were noted.</p> <p>Facility documents, titled "...Weekly Skin Assessments", for the dates of 3/1 and 3/8/2011 indicated Resident # 6 had no open skin areas. The weekly skin assessment report for the date of 3/15/11 indicated, "O/A (open area) to R (right) second toe. Currently has tx (treatment) order."</p> <p>A facility document titled, "Pressure Wound Evaluation Report", included, but</p>						

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	<p>was not limited to, the following information regarding the foot wound:</p> <p>3/14/11 indicated: stage IV, length 1.0, width 0.9, depth unstageable, no tunneling.</p> <p>3/22/11 indicated: stage II, length 0.5, width 0.5, depth 0.1, no tunneling and improved.</p> <p>3/29/11 indicated: stage II, length 0.5, width 0.5, depth less than 0.1, no tunneling and improved.</p> <p>A podiatry progress note dated 3/14/11 included, but was not limited to, the following:</p> <p>"Podiatric diagnoses:...onychomycosis...ulcer...right second toe...Unknown duration, nursing had not noticed yet. Band-Aid was intact when it was seen...wound location: right second toe...1 centimeter by 1 centimeter...(depth)to bone...wound stage: pressure wound: III...pre-debridement...100% slough...exudate: light...type: serous...periwound: hyperkeratotic...erythematous....undermining: yes..location...periwound...Post debridement:...40% slough...exudate: light...serous...sanguineous....odor: none...periwound: clear...undermining:</p>						

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	<p>no...applied antibiotic and bandage, ordered Santyl 2 weeks, then Bactroban, likely osteomyelitis, oral antibiotic for now, may need IV (intravenous) antibiotic for long term..."</p> <p>A physician progress note, signed by a nurse practitioner, with a date of 3/18/11, included, but was not limited to the following:</p> <p>"...Asked to follow up right foot x-ray, done to rule out infection of second digit. Done 3/14: no fracture/dislocation or lytic or sclerotic bone lesion...patient denies pain...Treated Santyl times 2 weeks, then Bacitracin, noted during podiatric visit 3/14/11, who started Levaquin treatment..."</p> <p>A radiology report, dated 3/14/11 included, but was not limited to the following:</p> <p>"...reason for exam: rule out infection of second digit...type of exam: right foot...Impression: right foot. No lytic or sclerotic bone lesion is seen however infection cannot be ruled out...Comment: there is no fracture or dislocation. No lytic or sclerotic bone lesion is seen however infection cannot be ruled out..."</p> <p>A physician telephone order, dated</p>						

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	<p>3/14/11 at 11:45 a.m., indicated " 1. Santyl ointment right second toe at ulcer with dry dressing daily times 2 weeks, 2. Discontinue Santyl after 2 weeks, 3. At 2 weeks switch to Bactroban with dry dressing daily times 4 weeks or until healed, 4. Levaquin 500 milligrams, 1 tab (tablet) by mouth daily times 10 days 5. X-ray right foot, 2 views (at least)..."</p> <p>Nurses notes, dated 3/14/11 (no time listed) indicated, "Podiatrist visit this afternoon. OA (open area) noted on top of right foot second toe. N.O.(new orders) noted...Will continue to observe...."</p> <p>Interdisciplinary team progress notes, dated 3/17/11, indicated the following, "IDT met to review wounds, area noted on left foot (affected foot is right foot per observation and record review), second toe. Callous was present on toe, callous no longer present, wound bed noted with green slough, pink wound edges, no drainage noted. Denies pain/discomfort... Podiatrist into visit. Santyl applied and covered with dry dressing every day times 2 weeks. Multi-vitamin with mineral everyday to promote wound healing, vitamin C 500 milligrams, 1 by mouth every day to promote wound healing. Pre-albumin drawn on 3/16/11 results 17.10...Awaiting response from MD..."</p>						

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NAME OF PROVIDER OR SUPPLIER WASHINGTON HEALTH CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 8201 W WASHINGTON ST INDIANAPOLIS, IN46231			
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	<p>On 4/5/11 at 10:55 a.m., the following observation was made:</p> <p>Nurse # 2 entered the room of Resident # 6. She was wearing a gown, gloves and feet coverings due to isolation precautions were posted on a sign outside the door. Nurse # 2 indicated the roommate of Resident # 6 had previously had Clostridium Difficile, but the roommate was now asymptomatic and antibiotics had been completed. The isolation precautions were still in place as a precautionary measure for a few weeks. The nurse removed the old dressing. A small amount of light green/brown drainage and a small amount of blood was present on the old dressing. The outer edges of the wound were pink and the center of the wound was more of a whitish color. There was a pin-point area of depth at the center of the wound. The nurse approximated the total size of the wound to be about 0.5 centimeters by 0.5 centimeters. The nurse cleaned the wound with normal saline and dried the area and applied 2% Bactroban and then covered the wound with a dry dressing and secured the dressing with paper tape. The resident indicated she had no pain. Contact precautions, standard precautions and clean technique were maintained throughout the procedure. The nurse indicated she thought the area had been a</p>						

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SS=D	<p>callous and had been told by the resident's family that the resident does rub her feet together at times, but she had never observed this, as she had just transferred to this unit yesterday.</p> <p>During an interview with the Assistant Director of Nursing (ADON) on 4/4/11 at 4:30 p.m., the ADON indicated he thought the area where the wound had developed had originally been a calloused area.</p> <p>During an interview with the DON on 4/5/11 at 11:00 a.m., the DON indicated Resident # 6 had seen the podiatrist as a routine visit and osteomyelitis had been ruled out by X-ray. She indicated there was documentation of a corn/calloused area.</p> <p>2. The record of Resident #63 was reviewed on 3/5/11 at 9:50 am.</p> <p>Diagnoses for Resident #63 included, but were not limited to, right heel wound, congestive heart failure, altered mental status and encephalopathy.</p> <p>Resident #63 was originally admitted to the facility on 1/19/11 and readmitted after a hospital stay on 2/10/11.</p> <p>An admission nursing assessment completed on 2/10/11 indicated the resident had a bruise on his left upper arm</p>				<p>What corrective action(s) will be accomplished for those Residents found to have been affected by the deficient practice? Licensed nurses will be re-educated in inservice by Director of Nursing Services on 4/26/11 on facility policy for skin management. Licensed nurses perform weekly skin assessments on all Residents with or without alterations in skin integrity. CNAs will be re-educated in inservice by Director of Nursing on 4/26/11 on facility policy for skin management. Any skin alterations, including bruises, open areas, redness, skin tears,</p>		04/29/2011

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	<p>and a small amount of non-pitting edema in his right foot. On a body mapping diagram, included in the assessment, these 2 areas were circled. The diagram included an area where problems on the bottom of the feet could be documented. There were no areas marked to indicate the resident had any blisters, discolorations, pressure sores or open areas.</p> <p>A "Pressure Wound Risk Assessment," completed 2/10/11, indicated the resident was "at risk for developing skin breakdown."</p> <p>A care plan for Resident #63, dated 2/24/11 with a Goal Target Date of 5/24/11 indicated a problem of "Potential for skin breakdown related to: edema, impaired mobility, slides down in bed, incont[inent] at times, impaired cognition, heart disease." The goal was "Will have no skin breakdown." Approaches included "Weekly skin checks by LN" (Licensed Nurse) and "CNA to do skin check with shower and notify LN of abnormalities."</p> <p>Weekly Skin Assessments completed 2/14/11, 2/21/11 and 2/28/11 by RN (Registered Nurse) #1 indicated the resident had no skin tears, open areas, marks, bruises, discolorations or rashes.</p>				<p>blisters and rashes during daily care and/or shower days will be reported to the licensed nurse for assessment. Shower reports will be signed daily by the CNA performing care and the licensed nurse. Director of Nursing Services will oversee proper utilization of shower reports. How will you identify other Residents having the potential to be affected by the same deficient practice? All Residents have the potential to be affected by this alleged deficient practice. What measures will be put into place or what systematic changes you will make to ensure that the deficient practice does not recur? Licensed nurses will be re-educated in inservice by Director of Nursing Services on 4/26/11 on facility policy for skin management. Licensed nurses will perform weekly skin assessments on all Residents with or without alterations in skin integrity. CNAs will be re-educated in inservice by Director of Nursing on 4/26/11 on facility policy for skin management. Any skin alterations, including bruises, open areas, redness, skin tears, blisters and rashes during daily care and/or shower days will be reported to the licensed nurse for assessment. Shower reports will be signed daily by the CNA performing care and the licensed nurse. Director of Nursing Services will oversee proper utilization of shower reports.</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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	<p>These assessments did not have a diagram of the body or feet to indicate whether the resident's feet were assessed.</p> <p>Nurses' Notes for 3/6/11 indicated the resident did not have complaints of discomfort due to "blister to (R)[right] heel."</p> <p>Nurses' Notes for 3/7/11 indicated "Blister to (R) heel intact - dark red in color..."</p> <p>The Weekly Skin Assessment completed 3/7/11 indicated the resident had no skin tears, open areas, marks, bruises, discolorations or rashes. This assessment did not have a body mapping diagram to indicate whether the resident's feet were assessed.</p> <p>Shower reports, on which Certified Nursing Assistants (CNA) would have filled out any problem skin areas, were requested for Resident #63 on 4/7/11 at 4:00 pm. At 4:15 pm the DON indicated there were no shower sheets because the resident was refusing to take a shower. She indicated at this time the CNA's do not fill out a report sheet, where they would document any problem skin areas, if the resident receives a bath or bathing assistance in their room</p> <p>Further information was requested from</p>				<p>Wound nurse or designee will do rounds weekly to assess all wounds. Wound nurse or Director of Nursing Services will review all shower reports weekly to determine appropriate skin assessment by licensed nurse. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place? A skin management program CQI tool will be utilized weekly x 4 weeks, then monthly thereafter to ensure compliance. The CQI committee will review the data. If threshold is not achieved an action plan will be developed, one-on-one re-education and/or disciplinary action may occur for noncompliance.</p>		

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	<p>the Director of Nursing on 4/6/11 at 2:15 pm regarding why the Weekly Skin Assessment dated 3/7/11 did not indicate Resident #63 had developed a right heel blister and whether RN #1, who completed this assessment, had checked the resident's feet. At this time she indicated she did not know why there was no documentation on the blister. She indicated RN #1 no longer worked at the facility.</p> <p>3.1-31(e)</p>						
F0314	<p>Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.</p> <p>Based on observation, interview and record review, the facility failed to ensure residents who resided in the facility remained without pressure ulcers for 2 of 4 residents reviewed for foot care in a sample of 17 (Residents # 6, # 63).</p> <p>Findings included:</p> <p>A facility policy, dated 3/10, titled "Skin</p>			F0314	<p>What corrective action(s) will be accomplished for those Residents found to have been affected by the deficient practice? Licensed nurses and CNAs will be re-educated on prevention of avoidable pressure sores and necessary treatment services to promote healing, prevent infection, and prevent new sores from developing. Re-education will be accomplished through</p>		04/29/2011
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	<p>Management Program," provided by the Executive Director on 4/5/11 at 8:40 a.m., included, but was not limited to, the following:</p> <p>"...It is the policy of (name of facility) to assess each resident to determine the risk of potential skin integrity impairment, upon admission, quarterly, annually, and with significant change. Residents will have a skin assessment completed no less than weekly by the licensed nurse in an effort to assess overall skin condition, skin integrity, and skin impairment...All alterations in skin integrity will be documented in one of two skin evaluation reports depending on what type of wound - either pressure wound (white) or other wound (lavender)...Pressure reduction devices are to be put in place immediately...The licensed nurse will notify the wound nurse of any alterations in skin integrity...The facility assigned wound nurse will complete a further evaluation of the wounds identified...The care plan will be initiated to include specific alteration in skin integrity...Weekly skin assessments will be completed on all residents with or without alterations in skin integrity and documented on the weekly skin assessment form and/or nursing notes...Any skin alterations noted by direct care givers during daily care and/or</p>				<p>inservice by Director of Nursing Services on 4/26/11. How will you identify other Residents having the potential to be affected by the same deficient practice? All Residents have the potential to be affected by this alleged deficient practice. What measures will be put into place or what systematic changes you will make to ensure that the deficient practice does not recur? Licensed nurses and CNAs will be re-educated on prevention of avoidable pressure sores and necessary treatment services to promote healing, prevent infection, and prevent new sores from developing. Re-education will be accomplished through inservice by Director of Nursing Services on 4/26/11. Wound nurse or designee will do rounds weekly to assess all wounds. Wound nurse or Director of Nursing Services will review all shower reports weekly to determine appropriate skin assessment by licensed nurse. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place? A skin management CQI tool will be used weekly x 4 weeks, then monthly thereafter to ensure compliance. The CQI committee will review data. If threshold is not achieved an action plan will be developed, one-on-one re-education and/or</p>		

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	<p>shower days must be reported to the licensed nurse for further assessment, to include bruises, open areas, redness, skin tears, blisters, and rashes...The licensed nurse is responsible for assessing any and all skin alterations as reported by the direct caregivers on the shift reported...The IDT (interdisciplinary team) will do rounds on a weekly basis to assess all wounds following the guidelines in the wound meeting guidelines...The facility must have an assigned wound nurse that assesses the wounds on a weekly basis.</p> <p>A facility policy, dated 5/2008, titled "Certified Nursing Assistant...Position Description," provided by the DON (Director of Nursing) on 4/5/2011 at 2:33 p.m., included, but was not limited to, the following:</p> <p>"...The Certified Nursing Assistant provides nursing and nursing related services to residents consistent with each resident's comprehensive assessment and plan of care...Essential position functions...Bathing - assists transporting resident to tub or shower,... washes/rinses resident, and dries body thoroughly with clean towels while maintaining privacy for resident at all times...Observes and immediately reports to Unit Charge Nurse, unusual occurrences, significant</p>				disciplinary action may occur for noncompliance.		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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	<p>changes in resident's physical or behavioral condition..."</p> <p>A facility policy, dated 2/2010, titled "Bed Bath-Section: Nursing Policy and Procedure," provided by the Executive Director on 4/6/2011 at 3:35 p.m., included, but was not limited to, the following:</p> <p>"...The purpose of this procedure is to provide guidelines to assist with providing the resident that is unable to tolerate an upright bath/shower with a complete bath...Wash, rinse and pat dry the leg and foot...Repeat steps with the other leg..."</p> <p>A facility policy, dated 2/2010, titled "Shower-Section: Nursing Skills Validation," provided by the Executive Director on 4/5/11 at 2:00 p.m., included, but was not limited to, the following:</p> <p>"...Skill...Identify resident and explain procedure...Let resident wash as much as possible, starting with face...Give resident towel and assist to pat dry...Report any unusual findings..."</p> <p>1. The record review for Resident # 6 was reviewed on 4/4/11 at 4:00 p.m.</p> <p>Diagnoses for Resident # 6 included, but</p>						

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	<p>were not limited to, dementia-uncomplicated, hypertension, atrial fibrillation, intracranial hemorrhage, aphasia, hyperlipidemia, uremia, severe dehydration, pneumonia, anemia, depression, cerebrovascular accident, debility-failure to thrive, malnutrition, dysarthria and thrombocytopenia.</p> <p>A quarterly Minimum Data Set (MDS) assessment, with an assessment reference date of 3/8/11, provided by the MDS Coordinator on 4/7/11 at 10:44 a.m., indicated the resident was at risk of developing pressure ulcers, but had no unhealed pressure ulcers.</p> <p>A health care plan problem, dated 12/23/10, indicated Resident # 6 was at risk for skin breakdown or further skin breakdown due to: poor mobility, incontinence of bowel and bladder, anemia, slides down in bed/chair, impaired cognition and diagnosis of malnutrition. Approaches for this problem, included, but were not limited to, "...turn and reposition every two hours, assess and document skin condition weekly and as needed, notify MD (medical doctor) of abnormal findings, pressure redistribution mattress on bed, pressure redistribution cushion in wheelchair, and float heels while in bed..."</p>						

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	<p>A health care problem, dated 3/14/2011, indicated Resident #6 had impaired skin integrity: Pressure ulcer on left foot (affected foot is right foot according to observation and record review), related to poor mobility, incontinence of bowel and bladder, anemia, impaired cognition and diagnosis of malnutrition. Approaches for this problem, included, but were not limited to, "...treatment as ordered, pressure redistribution mattress in bed, pressure redistribution cushion in chair, observe for signs of infection...., assess for pain..., notify MD of worsening or no change in wound or signs of infection, encourage resident to eat at least 75% of meals...."</p> <p>Facility documents, titled "Shower Reports", indicated the resident had no new skin areas for the dates of 3/2, 3/5, 3/9, and 3/12/2011. The shower reports also included a body mapping diagram which outlined the front, back, sides of the body and the feet. The body mapping diagrams for the dates of 3/2, 3/5, 3/9, and 3/12/2011, had no areas marked that indicated skin issues. The shower report for the date of 3/16/11, indicated, "No new skin issues. Problems with her toes." The feet outline on the body mapping diagram was marked with an "X" on each foot to indicate skin issues were noted.</p>						

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	<p>Facility documents, titled "...Weekly Skin Assessments", for the dates of 3/1 and 3/8/2011 indicated Resident # 6 had no open skin areas. The weekly skin assessment report for the date of 3/15/11 indicated, "O/A (open area) to R (right) second toe. Currently has tx (treatment) order."</p> <p>A facility document titled, "Pressure Wound Evaluation Report", included, but was not limited to, the following information regarding the foot wound:</p> <p>3/14/11 indicated: stage IV, length 1.0, width 0.9, depth unstageable, no tunneling.</p> <p>3/22/11 indicated: stage II, length 0.5, width 0.5, depth 0.1, no tunneling and improved.</p> <p>3/29/11 indicated: stage II, length 0.5, width 0.5, depth less than 0.1, no tunneling and improved.</p> <p>A podiatry progress note dated 3/14/11 included, but was not limited to, the following:</p> <p>"Podiatric diagnoses:...onychomycosis...ulcer...right second toe...Unknown duration, nursing had not noticed yet. Band-Aid was intact when it was seen...wound location: right</p>						

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	<p>second toe...1 centimeter by 1 centimeter...(depth)to bone...wound stage: pressure wound: III...pre-debridement...100% slough...exudate: light...type: serous...periwound: hyperkeratotic...erythematous....undermini ng: yes..location...periwound...Post debridement:...40% slough...exudate: light...serous...sanguineous....odor: none...periwound: clear...undermining: no...applied antibiotic and bandage, ordered Santyl 2 weeks, then Bactroban, likely osteomyelitis, oral antibiotic for now, may need IV (intravenous) antibiotic for long term..."</p> <p>A physician progress note, signed by a nurse practitioner, with a date of 3/18/11, included, but was not limited to the following:</p> <p>"...Asked to follow up right foot x-ray, done to rule out infection of second digit. Done 3/14: no fracture/dislocation or lytic or sclerotic bone lesion...patient denies pain...Treated Santyl times 2 weeks, then Bacitracin, noted during podiatric visit 3/14/11, who started Levaquin treatment..."</p> <p>A radiology report, dated 3/14/11 included, but was not limited to the</p>						

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	<p>following:</p> <p>"...reason for exam: rule out infection of second digit...type of exam: right foot...Impression: right foot. No lytic or sclerotic bone lesion is seen however infection cannot be ruled out...Comment: there is no fracture or dislocation. No lytic or sclerotic bone lesion is seen however infection cannot be ruled out..."</p> <p>A physician telephone order, dated 3/14/11 at 11:45 a.m., indicated " 1. Santyl ointment right second toe at ulcer with dry dressing daily times 2 weeks, 2. Discontinue Santyl after 2 weeks, 3. At 2 weeks switch to Bactroban with dry dressing daily times 4 weeks or until healed, 4. Levaquin 500 milligrams, 1 tab (tablet) by mouth daily times 10 days 5. X-ray right foot, 2 views (at least)..."</p> <p>Nurses notes, dated 3/14/11 (no time listed) indicated, "Podiatrist visit this afternoon. OA (open area) noted on top of right foot second toe. N.O.(new orders) noted...Will continue to observe...."</p> <p>Interdisciplinary team progress notes, dated 3/17/11, indicated the following, "IDT met to review wounds, area noted on left foot (affected foot is right foot per observation and record review), second toe. Callous was present on toe, callous</p>						

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155383		(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 04/08/2011	
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	<p>no longer present, wound bed noted with green slough, pink wound edges, no drainage noted. Denies pain/discomfort... Podiatrist into visit. Santyl applied and covered with dry dressing every day times 2 weeks. Multi-vitamin with mineral everyday to promote wound healing, vitamin C 500 milligrams, 1 by mouth every day to promote wound healing. Pre-albumin drawn on 3/16/11 results 17.10...Awaiting response from MD..."</p> <p>On 4/5/11 at 10:55 a.m., the following observation was made:</p> <p>Nurse # 2 entered the room of Resident # 6. She was wearing a gown, gloves and feet coverings due to isolation precautions were posted on a sign outside the door. Nurse # 2 indicated the roommate of Resident # 6 had previously had Clostridium Difficile, but the roommate was now asymptomatic and antibiotics had been completed. The isolation precautions were still in place as a precautionary measure for a few weeks. The nurse removed the old dressing. A small amount of light green/brown drainage and a small amount of blood was present on the old dressing. The outer edges of the wound were pink and the center of the wound was more of a whitish color. There was a pin-point area of depth at the center of the wound. The</p>						

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	<p>nurse approximated the total size of the wound to be about 0.5 centimeters by 0.5 centimeters. The nurse cleaned the wound with normal saline and dried the area and applied 2% Bactroban and then covered the wound with a dry dressing and secured the dressing with paper tape. The resident indicated she had no pain. Contact precautions, standard precautions and clean technique were maintained throughout the procedure. The nurse indicated she thought the area had been a callous and had been told by the resident's family that the resident does rub her feet together at times, but she had never observed this, as she had just transferred to this unit yesterday.</p> <p>During an interview with the Assistant Director of Nursing (ADON) on 4/4/11 at 4:30 p.m., the ADON indicated he thought the area where the wound had developed had originally been a calloused area.</p> <p>During an interview with the DON on 4/5/11 at 11:00 a.m., the DON indicated Resident # 6 had seen the podiatrist as a routine visit and osteomyelitis had been ruled out by X-ray. She indicated there was documentation of a corn/calloused area.</p> <p>During an interview with the DON on 4/5/11 at 3:05 p.m., the DON indicated</p>						

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SS=D	<p>the physician or nurse practitioner for Resident # 6 would return on Friday, 4/8/11, and the facility would find out if osteomyelitis had been ruled out.</p> <p>2. The record of Resident #63 was reviewed on 3/5/11 at 9:50 am. Diagnoses for Resident #63 included, but were not limited to, right heel wound, congestive heart failure, altered mental status and encephalopathy.</p> <p>Resident #63 was originally admitted to the facility on 1/19/11 and readmitted after a hospital stay on 2/10/11.</p> <p>An admission nursing assessment completed on 2/10/11 indicated the resident had a bruise on his left upper arm and a small amount of non-pitting edema in his right foot. On a body mapping diagram, included in the assessment, these 2 areas were circled. The diagram included an area where problems on the bottom of the feet could be documented. There were no areas marked to indicate the resident had any blisters, discolorations, pressure sores or open areas.</p> <p>A "Pressure Wound Risk Assessment," completed 2/10/11, indicated the resident was "at risk for developing skin breakdown."</p>				<p>What corrective action(s) will be accomplished for those Residents found to have been affected by the deficient practice? Licensed nurses and CNAs will be re-educated on prevention of avoidable pressure sores and necessary treatment services to promote healing, prevent infection, and prevent new sores from developing. Re-education will be accomplished through inservice by Director of Nursing Services on 4/26/11. How will you identify other Residents having the potential to be affected by the same deficient practice? All Residents have the potential to be affected by this alleged deficient practice. What measures will be put into place or what systematic changes you will make to ensure that the deficient practice does not recur? Licensed nurses and CNAs will be re-educated on prevention of avoidable pressure sores and necessary treatment services to promote healing, prevent infection, and prevent new sores from developing. Re-education will be accomplished through inservice by Director of Nursing Services on 4/26/11. Wound nurse or designee will do rounds weekly to assess all wounds. Wound nurse or Director of</p>		04/29/2011

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	<p>A care plan for Resident #63, dated 2/24/11 with a Goal Target Date of 5/24/11 indicated a problem of "Potential for skin breakdown related to: edema, impaired mobility, slides down in bed, incont[inent] at times, impaired cognition, heart disease." The goal was "Will have no skin breakdown." Approaches included "Weekly skin checks by LN" (Licensed Nurse) and "CNA to do skin check with shower and notify LN of abnormalities."</p> <p>Weekly Skin Assessments completed 2/14/11, 2/21/11 and 2/28/11 by RN (Registered Nurse) #1 indicated the resident had no skin tears, open areas, marks, bruises, discolorations or rashes. These assessments did not have a diagram of the body or feet to indicate whether the resident's feet were assessed.</p> <p>Nurses' Notes for 3/6/11 indicated the resident did not have complaints of discomfort due to "blister to (R)[right] heel."</p> <p>Nurses' Notes for 3/7/11 indicated "Blister to (R) heel intact - dark red in color..."</p> <p>The Weekly Skin Assessment completed 3/7/11 indicated the resident had no skin tears, open areas, marks, bruises, discolorations or rashes. This assessment</p>				<p>Nursing Services will review all shower reports weekly to determine appropriate skin assessment by licensed nurse. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place? A skin management CQI tool will be used weekly x 4 weeks, then monthly thereafter to ensure compliance. The CQI committee will review data. If threshold is not achieved an action plan will be developed, one-on-one re-education and/or disciplinary action may occur for noncompliance.</p>		

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F0323	<p>did not have a body mapping diagram to indicate whether the resident's feet were assessed.</p> <p>Shower reports, on which Certified Nursing Assistants (CNA) would have filled out any problem skin areas, were requested for Resident #63 on 4/7/11 at 4:00 pm. At 4:15 pm the DON indicated there were no shower sheets because the resident was refusing to take a shower. She indicated at this time the CNA's do not fill out a report sheet, where they would document any problem skin areas, if the resident receives a bath or bathing assistance in their room</p> <p>Further information was requested from the Director of Nursing on 4/6/11 at 2:15 pm regarding why the Weekly Skin Assessment dated 3/7/11 did not indicate Resident #63 had developed a right heel blister and whether RN #1, who completed this assessment, had checked the resident's feet. At this time she indicated she did not know why there was no documentation on the blister. She indicated RN #1 no longer worked at the facility.</p> <p>3.1-40(a)(1)</p> <p>The facility must ensure that the resident environment remains as free of accident</p>						

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SS=E	<p>hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. Based on observation and interview, the facility failed to ensure residents were protected from potential hazards in their environment by having side rails in use which had the potential of allowing for entrapment between the rails for 8 of 41 residents reviewed for having side rails which met recommended measurement standards in a sample of 84. (Residents #27, #34, #39, #48, #49, #50, #52 and #62)</p> <p>Findings included:</p> <p>A document issued by the United States Food and Drug Administration on 3/10/06, titled "Hospital Bed System Dimensional and Assessment Guidance to Reduce Entrapment" indicated there should be less than 4 3/4 inches between all side rail and side rail supports.</p> <p>During an environmental tour with the Maintenance Director on 4/7/11 at 4:15 pm, the following was observed: In room 303, the bed by the window, used by Resident #27, had distances of between 5 and 7 inches between the side rails and side rail supports. In room 307, the bed by the window, used by Resident #34, had distances of between</p>		F0323	<p>What corrective action(s) will be accomplished for those Residents found to have been affected by the deficient practice? All beds and siderails were again reviewed on 4/11/11 by Maintenance Supervisor and maintenance staff utilizing Bed Rail Safety Check tool. No further beds were identified to be out of compliance with FDA measurement recommendations or identified to have the potential for entrapment. Siderails that were identified to have measurements greater than the FDA measurement recommendations were removed from the premises to avoid future misuse. How will you identify other Residents having the potential to be affected by the same deficient practice? All Residents have the potential to be affected by this alleged deficient practice. What measures will be put into place or what systematic changes you will make to ensure that the deficient practice does not recur? Siderails that were identified to have measurements greater than the FDA measurement recommendations were removed from the premises to avoid future misuse. An additional review of all beds and siderails will be completed by Maintenance Supervisor by 4/28/11 utilizing the Bed Rail Safety Check tool</p>		04/29/2011	

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	<p>5 and 7 inches between the side rails and side rail supports.</p> <p>In room 309, the bed by the window, used by Resident #39, had distances of between 5 and 7 inches between the side rails and side rail supports.</p> <p>In room 314, the bed by the window, used by Resident #48, had distances of between 5 and 7 inches between the side rails and side rail supports.</p> <p>In room 315, the bed by the door, used by Resident #49, and the bed by the window, used by Resident #50 had distances of between 5 and 7 inches between the side rails and side rail supports.</p> <p>In room 316, the bed by the window, used by Resident #52, had distances of between 5 and 7 inches between the side rails and side rail supports.</p> <p>In room 321, the bed by the window, used by Resident #62, had distances of between 5 and 7 inches between the side rails and side rail supports.</p> <p>During an interview with the Maintenance Director at this time he indicated these were the older beds in the facility using these side rails. The other beds were newer and had newer rails meeting the dimension recommendations.</p> <p>During a daily exit interview on 4/7/11 at 5:45 pm the Executive Director (ED) was informed of the potential hazards of using</p>				<p>to ensure that the spacing between mattress, bed frame, and gaps are within the FDA measurements. Any side rail that is installed to the beds will be assessed to ensure that the rails meet FDA measurements prior to installation. Side rails assessments will ensure that the spacing between mattress, bed frame, and gaps are within the FDA measurements. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place?CQI tool for siderails will be completed monthly x 2 and quarterly thereafter to ensure the siderails are secured properly on the bed with appropriate spacing between mattress, bed frame, and gaps fall within FDA measurement recommendations per the Bed Rail Safety Check tool.</p>		

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F0364	the above side rails. During an interview with the ED on 4/8/11 at 9:50 am she indicated all of the potentially hazardous side rails had been immediately removed from the beds after the daily exit interview on 4/7/11 and Residents #27, 34, 39, 48, 49, 52 and 62 had been assessed every 15 minutes since their side rails were removed. She indicated physicians and families of the above residents were notified of the concern. She indicated therapy was in the process of assessing each of these residents to see if they still needed side rails. She indicated the Certified Nursing Assistants had been inserviced regarding the 15 minute checks. She indicated Resident #27 had received an order for 1 side rail and this was provided along with a new bed. She indicated all beds in the facility were reviewed at 7:00 pm on 4/7/11 and again at 8:00 am on 4/8/11 to determine if there were any other side rails with distances over 4 3/4 inches between the rails or supports. 3.1-45(a)(1)						
SS=E	Each resident receives and the facility provides food prepared by methods that conserve nutritive value, flavor, and appearance; and food that is palatable, attractive, and at the proper temperature. Based on observation and interview the			F0364	What corrective action(s) will be		04/29/2011

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	<p>facility failed to ensure recipes were followed while preparing pureed food in 1 of 1 observations. This had the potential to affect 10 of 10 residents who received pureed meals from the kitchen in the facility population of 84.</p> <p>Finding Include:</p> <p>During evening meal observation on 4-4-11 at 3:30 p.m. with the dietary manager the following was observed:</p> <p>1) When dietary staff pureed the fish for the evening meal, they put fish in and then poured an unmeasured amount of hot water from a pitcher. During the pureeing process the staff added 2 more unmeasured amounts of hot water from the pitcher. The staff did not have a recipe out to refer to.</p> <p>2) When dietary staff pureed the pea and carrots for the evening meal, they put peas and carrots in and then poured an unmeasured amount of hot water from a pitcher. The staff did not have a recipe out to refer to.</p> <p>3) When dietary staff pureed the chocolate cookies for the evening meal, they put chocolate cookies in and then poured an unmeasured amount of hot water from a pitcher. During the pureeing process the staff add 1 more unmeasured amount of hot water from the pitcher. The staff did not have a recipe out to refer to.</p> <p>4) During interview after the pureeing process with Dietary Manager she indicated that the facility does have recipes to follow when</p>				<p>accomplished for those Residents found to have been affected by the deficient practice? Dietary cooks will be re-educated through inservice on 4/28/11 by Dietary Manager and Registered Dietician regarding following of recipes while preparing pureed foods. How will you identify other Residents having the potential to be affected by the same deficient practice? All Residents have the potential to be affected by this alleged deficient practice. What measures will be put into place or what systematic changes you will make to ensure that the deficient practice does not recur? Dietary cooks will be re-educated through inservice on 4/28/11 by Dietary Manager and Registered Dietician regarding following of recipes while preparing pureed foods. Cooks will demonstrate through skills validation the ability to read recipe, measure appropriate ingredients per recipe, and prepare pureed diet. Dietary Manager and Registered Dietician will provide increased supervision to ensure that pureed food is made according to the menu. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place? Dietary Manager will utilize skills validation for preparing pureed foods for each meal weekly x 4 weeks, then monthly x 2. One-on-one</p>		

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F0371	<p>preparing pureed food.</p> <p>She reviewed the facility recipe for the Fish. She indicated when preparing for 10 the recipe calls for 1 Tablespoon 1/2 teaspoon of Chicken Base, 3 1/2 cup of water and 1 Tablespoon of 100% lemon Juice. Dietary staff did not refer to the recipe or add any ingredient other than Fish and unmeasured amount of hot water.</p> <p>She reviewed the facility recipe for the Chocolate Cookies. She indicated when preparing for 10 the recipe calls for 1/2 cup of 2% milk. Dietary staff did not refer to the recipe or add any ingredient other than Chocolate Cookies and unmeasured amount of hot water.</p> <p>She reviewed the facility recipe for the Peas and Carrots. She indicated when preparing for 10 the recipe calls for 1/4 cup Margarine Solid. Dietary staff did not refer to the recipe or add any ingredient other than Peas and Carrots and unmeasured amount of hot water.</p> <p>She indicated that the Fish and Peas and Carrots would have had a better flavor if staff would have followed the facility recipe, measured the correct amount of the ingredients, and added what the recipe called for. The Chocolate Cookies would have had a better flavor and more nourishment with the milk. This had the potential to affect 10 residents who received pureed meals from the kitchen in the facility population of 87.</p> <p>3.1-21(a)(2)</p> <p>The facility must - (1) Procure food from sources approved or</p>				<p>re-education and/or disciplinary action may occur for noncompliance.</p>		

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SS=E	<p>considered satisfactory by Federal, State or local authorities; and</p> <p>(2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>Based on observation and interview, the facility failed to ensure appliances and equipment used to prepare food were clean or maintained in a sanitary condition during 1 of 2 kitchen observations. This had the potential to affect 80 residents who received meals from the kitchen in the facility population of 84.</p> <p>Findings Include:</p> <p>During the observation of evening meal preparation on 4/4/11 at 3:15 p.m., with the Dietary Manager the following were observed:</p> <p>1) The stove had black and brown burnt on substance on all 4 burners and visible food particles covering the top of stove.</p> <p>2)The double door oven had numerous baked on spills.</p> <p>3) Nine of nine large metal baking sheets with dark brown and black burned on, build up substance on the edges, interior and exterior.</p> <p>4) Two of two sauce different size kettles had a build up of a dark brown and black substance that was burned on to the interior and exterior and the sides and</p>			F0371	<p>What corrective action(s) will be accomplished for those Residents found to have been affected by the deficient practice? On 4/13/11, all pans identified to have substance build up and/or dented and pitted exterior or interior sides/bottoms were removed from the premises to avoid future misuse. Inservice education by Dietary Manager and Registered Dietician will be accomplished on 4/28/11 to re-educate staff on cleaning and maintenance of food preparation equipment to include stove cleaning, oven cleaning, and other equipment. How will you identify other Residents having the potential to be affected by the same deficient practice? All Residents have the potential to be affected by this alleged deficient practice. What measures will be put into place or what systematic changes you will make to ensure that the deficient practice does not recur? Inservice education by Dietary Manager and Registered Dietician will be accomplished on 4/28/11 to re-educate staff on cleaning and maintenance of food preparation equipment to include stove cleaning, oven cleaning, and other equipment. Dietary Manager and Registered Dietician will demonstrate proper cleaning techniques. Dietary</p>		04/29/2011

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NAME OF PROVIDER OR SUPPLIER WASHINGTON HEALTH CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 8201 W WASHINGTON ST INDIANAPOLIS, IN46231			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>bottoms of the kettles were dented and pitted.</p> <p>5) One of one medium stock kettle had a build up of a dark brown and black substance that was burned on to the interior and exterior and the sides and bottoms of the kettles were dented and pitted.</p> <p>6) One of one large roast pan had a build up of a dark brown and black substance that was burned on to the interior and exterior.</p> <p>7) Six of six small and 3 of 3 large muffin pans had a build up of a dark brown and black substance that was burned on to the interior and exterior.</p> <p>8) Seventeen of seventeen different size steam table pans had a build up of a dark brown and black substance that was burned on to the interior and exterior and/or the sides and bottoms of the kettles were dented and pitted.</p> <p>During interview at this time with Dietary Manager she indicated that the baking sheets, kettles, steam table pans and skillet were used to prepare food for the residents. She further indicated that the above mentioned items had the potential to affect the 80 of 84 residents receiving food from the kitchen.</p>				<p>Manager and Registered Dietician will provide increased supervision to ensure that items that need cleaning are actually cleaned according to daily cleaning assignments. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place? Dietary Manager and/or Registered Dietician will review appliances and equipment weekly x 4 weeks and monthly thereafter utilizing Sanitation Checklist to ensure appliances and equipment used to prepare food are clean and maintained in a sanitary condition.</p>		

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F0465 SS=E	<p>3.1-21(i)(3) The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.</p> <p>Based on observation and interview, the facility failed to ensure the kitchen walls, floors and non-food preparation equipment was clean and in good repair during 1 of 2 kitchen observations which had the potential to affect 80 residents receiving meals from the kitchen in the population of 84 and to affect staff who worked in the dietary department.</p> <p>FINDINGS INCLUDE:</p> <p>During the dietary walk through on 4/3/11 at 1:15 p.m., with the P.M. Cook and Dietary Manager the following were observed:</p> <p>1) The walls and ceilings were soiled with multiple dry colored stains. There were multiple patches where something had been removed off the wall and the walls were not repaired or repainted. Four doors in the kitchen had black/gray discoloration in the center of the doors and near the door handles. The interior of the door frames were also discolored and dirty.</p> <p>2) The fan had heavy accumulation of black dust film on the guard covers and blades.</p> <p>3) Three trash cans located through the kitchen were soiled with multiple dry colored stains food particles.</p> <p>4) The three large tables used to store seasoning, equipment to prepare resident food, coffee, tea</p>			F0465	<p>What corrective action(s) will be accomplished for those Residents found to have been affected by the deficient practice? Cleaning of walls, doors, ceilings, fan, trash cans, and tables was completed by 4/11/11. Painting of walls and doors in need of repair was also completed by 4/11/11. Dietary staff will be re-educated on 4/28/11 by Dietary Manager and Registered Dietician with inservice on sanitation of non-food preparaton areas and equipment, including kitchen walls, floors, and food preparation equipment. How will you identify other Residents having the potential to be affected by the same deficient practice? All Residents have the potential to be affected by this alleged deficient practice. What measures will be put into place or what systematic changes you will make to ensure that the deficient practice does not recur? Dietary staff will be re-educated on 4/28/11 by Dietary Manager and Registered Dietician with inservice on sanitation and cleaning of non-food preparaton areas and equipment, including kitchen walls, floors, and food preparation equipment. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e. what</p>		04/29/2011

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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	<p>product, glasses and plates had a build up dried food particles, dirt and loose, peeling, missing paint.</p> <p>During an interview with the dietary manager at the end of the walk through, she indicated she would take care of the above mentioned observations. She indicated the above mentioned observations, had the potential to affect 80 residents receiving meals from the kitchen.</p> <p>3.1-19(f)</p>				<p>quality assurance program will be put into place?Dietary Manager and/or Registered Dietician will reveiw non-food preparation areas and equipment weekly x 4 weeks then monthly thereafter utlizing Sanitation Checklist to ensure walls, ceilings, floors, doors, and equipment are clean and in good repair. One-on-one re-education and/or disciplinary action may occur for non-compliance.</p>		